


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000003	2 PAGE # 1 of 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mark NICKNAME LAST Lee SUFFIX	OFFICE USE ONLY Date Received  Date Hand Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Alan NICKNAME LAST Guttman SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 01/01/2006 THROUGH 06/30/2006		
10 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Houston City Council Dist. C	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Lee, Mark**15 ACCOUNT #** (Ethics Commission filers)
00000003**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

50.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

90.30

4. TOTAL POLITICAL EXPENDITURES

\$

3,430.30

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

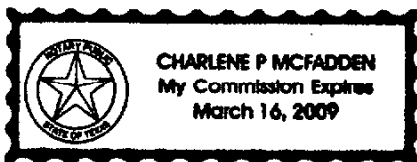
\$

9,490.28

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark D. Lee, this the 17th day of July, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer-administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 02/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hong, Jefferson 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/6 Report: 4/10

2 FILER NAME Lee, Mark**3** ACCOUNT #

(Ethics Commission filers)

00000003

4 Date

03/06/2006

5 Payee name
Al Bennett Campaign**6** Payee address; City; State; Zip Code
P.O. Box 88051
Houston, TX 77288**7** Amount
(\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorships☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/11/2006

5 Payee name
Anne Clutterbuck Campaign**6** Payee address; City; State; Zip Code
2476 Bolsover #428
Houston, TX 77005**7** Amount
(\$)

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorships☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 5/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 05/16/2006	5 Payee name Asian American Bar Association 6 Payee address; City; State; Zip Code P.O. Box 1554 Houston, TX 77251	7 Amount (\$) \$630.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/06/2006	5 Payee name Chris Bell Campaign 6 Payee address; City; State; Zip Code 6524 San Felipe PMB 441 Houston, TX 77057	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 6/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 02/03/2006	5 Payee name David Murff for Congress 6 Payee address; City; State; Zip Code P.O. Box 1028 Bellaire, TX 77401		7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date		15 Means of transportation	
16 Purpose of travel		17	
4 Date 02/02/2006	5 Payee name First National Bank of Omaha 6 Payee address; City; State; Zip Code P.O. Box 3190 Omaha, NE 68103		7 Amount (\$) \$60.00
8 Purpose of payment (See instructions regarding type of information required.) Bank Service Charges <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date		15 Means of transportation	
16 Purpose of travel		17	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/6 Report: 7/10

2 FILER NAME Lee, Mark**3** ACCOUNT #

(Ethics Commission filers)

00000003

4 Date

01/25/2006

5 Payee name
Friends of Hubert Vo**6** Payee address; City; State; Zip Code
P.O. Box 2227
Alief, TX 77411**7** Amount
(\$)

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorships☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/21/2006

5 Payee name
Harris County Democratic Party**6** Payee address; City; State; Zip Code
1445 N. Loop W.
Suite 110
Houston, TX 77008**7** Amount
(\$)

\$500.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorships☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 8/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 06/02/2006	5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/24/2006	5 Payee name McDavid for Texas House 6 Payee address; City; State; Zip Code P.O. Box 924016 Houston, TX 77292	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 9/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 02/03/2006	5 Payee name Peter Sakai for the 225th Dist Court Cmp 6 Payee address; City; State; Zip Code P.O. Box 15395 San Antonio, TX 78212		7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 10/10
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003
4 Date 06/01/2006	5 Payor name First National Bank of Omaha 6 Payor address; City; State; Zip Code P.O. Box 3190 Omaha, NE 68103 7 Reason for credit Refund	8 Amount (\$) \$50.00